

562

MARGIN RESERVED FOR BINDING  
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH				ARIZONA STATE BOARD OF HEALTH			
1. County <u>Yuma</u>				BUREAU OF VITAL STATISTICS			
District <u>Yuma</u>				State Index - - - - No. <u>531</u>			
Town or City <u>Yuma</u>				County Registrar's - - No. <u>113</u>			
No. <u>                    </u>				Local Registrar's - - No. <u>84</u>			
2. FULL NAME <u>Son of William Davis</u>				(If death occurred in a hospital or institution, give its NAME instead of street number).			
(a) Residence. No. <u>                    </u>				St. <u>                    </u> Ward <u>                    </u>			
(Usual place of abode)				(If non-resident, give city or town and State)			
Length of residence in city or town where death occurred				How long in U. S. if of foreign birth?			
yrs. mos. ds.				yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
3. SEX <u>Male</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word)		16. DATE OF DEATH (month, day, and year) <u>June 16<sup>th</sup> 1924</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>                    </u>				17. I HEREBY CERTIFY, That I attended deceased from <u>June 10</u> 19 <u>24</u> to <u>June 11</u> 19 <u>24</u>			
6. DATE OF BIRTH (month, day and year) <u>June 2<sup>nd</sup> 1924</u>				that I last saw him alive on <u>June 16</u> 19 <u>24</u>			
7. AGE	Years	Months	Days	and that death occurred, on the date stated above, at <u>10 a.</u> m.			
			IF LESS than 1 day. hrs. or min.	The CAUSE OF DEATH* was as follows: <u>Acidosis</u>			
8. OCCUPATION OF DECEASED				(duration) yrs. mos. ds.			
(a) Trade, profession, or particular kind of work <u>                    </u>				CONTRIBUTORY (Secondary)			
(b) General nature of industry, business or establishment in which employed (or employer) <u>                    </u>				(duration) yrs. mos. ds.			
(c) Name of employer <u>                    </u>				18. Where was disease contracted if not at place of death?			
9. BIRTHPLACE (city or town) <u>Yuma</u> (State or country) <u>Ariz</u>				Did an operation precede death? Date of <u>                    </u>			
10. NAME OF FATHER <u>William Davis</u>				Was there an autopsy?			
11. BIRTHPLACE OF FATHER (State or country) <u>Oklahoma</u>				What test confirmed diagnosis?			
12. MAIDEN NAME OF MOTHER <u>Carrie Pearl</u>				(Signed) <u>W. H. H. H. H.</u> M. D.			
13. BIRTHPLACE OF MOTHER (State or country) <u>Texas</u>				6-27 1924 (Address) <u>Yuma Ariz</u>			
14. Informant (Address) <u>Carl Brunette</u>				* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)			
15. Filed <u>June 16</u> 19 <u>24</u> <u>H. C. Johnson</u> Local Registrar				19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Yuma Cemetery</u>			
V. S. No. 1 <u>716</u> 19 <u>24</u> <u>W. H. H. H. H.</u> County Registrar				DATE OF BURIAL <u>June 16</u> 19 <u>24</u>			
				20. UNDERTAKER <u>P. C. Johnson</u> ADDRESS <u>Yuma</u>			